



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yousuke TAKAHAMA et al.

Appln. No. 09/889,321

Filed: July 13, 2001

For: METHOD OF ACQUIRING  
IMMUNOLOGICAL TOLERANCE

Art Unit: 1632

Examiner: A. Wehbe

Atty. Docket No. 31671-173265

Customer No.



PATENT TRADEMARK OFFICE

**AMENDMENT**

**Mail Stop: Amendments**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action issued October 21, 2005, please enter the following amendments and consider the following remarks.

**Amendments to the claims** are reflected in the listing of the claims which begins on page 2.

**Remarks** begin on page 6.

It is not believed that any fee is due. Please charge any fees that may be required or credit any refunds to our deposit account no. 22-0261, and notify the undersigned.



AF

IFW

USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <i>(Reflects USPTO filing fees in effect from 12/08/04)</i>				<b>Complete if Known</b>																																																																																																																																			
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date		July 13, 2001																																																																																																																																			
		First Named Inventor		Yousuke Takahama																																																																																																																																			
		Examiner Name		A. Wehbe																																																																																																																																			
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<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		0		Attorney Docket No.		31671-173265																																																																																																																															
<b>METHOD OF PAYMENT</b> (check all that apply)						<b>FEE CALCULATION</b> (continued)																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____						<b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>50</td><td>25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr><tr><td colspan="3"><b>Total Claims</b>    - 20 =    0    x    50    =    0.00</td></tr><tr><td colspan="3"><b>Indep. Claims</b>    - 3 =    0    x    200.00    =    0.00</td></tr><tr><td colspan="3"><b>Multiple Dependent Claims</b>    180.00</td></tr><tr><td colspan="3"><b>Subtotal (2) \$</b> _____</td></tr></tbody></table>						Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	<b>Total Claims</b> - 20 =    0    x    50    =    0.00			<b>Indep. Claims</b> - 3 =    0    x    200.00    =    0.00			<b>Multiple Dependent Claims</b> 180.00			<b>Subtotal (2) \$</b> _____																																																																																																
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Signature		_____		Registration No. (Attorney/Agent)		36,830		Telephone (202) 344-4000																																																																																																																															
Name (Print/Type)		Ann S. Hobbs, Ph.D.				Date		January 23, 2006																																																																																																																															